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Bib Data Sheet

CONFIRMATION NO. 3441

|                             |                                       |              |                        |                                     |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>10/812,853 | FILING DATE<br>03/30/2004<br><br>RULE | CLASS<br>330 | GROUP ART UNIT<br>2817 | ATTORNEY<br>DOCKET NO.<br>SIL.P0076 |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|

APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 10/390,935 03/18/2003 PAT 6,788,141  
 which is a CON of 09/660,123 09/12/2000 PAT 6,549,071

MBS

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

MBS NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
**\*\* 06/08/2004**

|   |   |                           |                         |                       |                            |
|---|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>TX | SHEETS<br>DRAWING<br>14 | TOTAL<br>CLAIMS<br>20 | INDEPENDENT<br>CLAIMS<br>2 |
|---|---|---------------------------|-------------------------|-----------------------|----------------------------|

Verified and Acknowledged SHINGLETON Examiner's Signature MBI Initials

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TITLE  
 Power amplifier circuitry and method

|                            |   |  |
|----------------------------|---|--|
| FILING FEE<br><br>RECEIVED | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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